

CORRESPONDENCE.

SUTURE OF RUPTURED BICEPS TENDON.

EDITOR ANNALS OF SURGERY:

IN ANNALS OF SURGERY, Vol. XLI., 1905, p. 756, I published a short paper on Rupture of the Tendon of the Biceps Muscle and reported a case of my own. Inasmuch as operation for this injury is very rare (there only having been 4 cases reported up to that date), I think it may interest surgeons to know one further fact in reference to my patient. The operation was done on Dec. 18, 1904. He has just called to see me to state the following facts: He has resumed his athletic life, and among other feats he frequently swings from one trapeze to another over a distance of seven feet. Recently, on two occasions, he missed catching the second trapeze with his left hand and the entire weight of his body, about 120 pounds, with its momentum in flight through the air was borne by the right arm alone, the arm itself being in flexion. No injury or inconvenience of any kind has followed these two accidents. It seems to me, therefore, proof of a very firm union following the overlapping and suture.

WILLIAM W. KEEN.

PHILADELPHIA, December 20, 1905.

RUPTURE OF INTESTINE.

EDITOR ANNALS OF SURGERY:

IN the November number of the ANNALS OF SURGERY Dr. R. P. Campbell furnishes an interesting article upon Rupture of Intestine, in which he enumerates twelve cases of successful operation for this injury, as culled from English and American journals since the year 1894. I would like to call attention to a case of my own, published in the January 23d number of the *New York Medical Record*, for 1904, under the title of "Two Cases of Abdominal Traumatism," and to place on record a second opera-

tion for a similar condition. These two cases constitute the total number upon which I have operated. A man, seventy-four years of age, generally healthy, who had had a reducible inguinal hernia on each side for some years, while lifting a 75-pound cast-iron drum of a cooking-stove into position was seized with an agonizing pain in the belly, which caused him to drop on the floor and lie there writhing. Five hours later he was seen by me. I found a somewhat under-sized spare man of fair muscular development, with large inguinal rings, but no bowel in the scrotum. The abdomen was not found distended, but its walls were hard and the muscles rigid. Tenderness was felt on palpation all over the abdomen but was especially marked in the left lower quadrant, at its upper part. The bowels had moved the day before. P. 80; T. 90°.

Two hours later, after removal to hospital the abdomen was opened in the median line below the navel. Turbid serous fluid escaped; no bowel in inguinal canals. One or two congested and somewhat distended coils of small intestine were now allowed to come out through the wound. Some lymph seen on them, and at one point a small perforation about an eighth of an inch in diameter. This opening was closed by two rows of silk Lembert's sutures, and after sponging off the coils of bowel and returning them, the abdominal wound was united with through and through silkworm gut sutures. An uncomplicated recovery followed.

There was no evidence of the intestine at the point of rupture being in any way weakened by pre-existing disease, so as to predispose to its bursting at that part.

A. B. ATHERTON, M. D.

FREDERICTON, N. B., December 22, 1905.